

OSPREY RUN HOMEOWNERS ASSOCIATION, INC.

LEASE APPLICATION

Revised 3/11/16

IMPORTANT: Please answer all questions and include a copy of the lease agreement in order to expedite approval. Please consult the rules concerning vehicle/parking-specifically forbidden are boats, trailers, and oversized vehicles such as RV's. Applications must be submitted a minimum of 2 weeks prior to proposed move-in date. ****Info Sheet (Lessee) must be submitted with this Application**.**

Application fee is \$50.00 Made payable to Osprey Run, plus a background check fee of \$50.00 per adult tenant Made payable to Citadel. If agents have a background check completed, submit a copy with only the \$50.00 application fee.

Property Address: _____

Name of Present Owner: _____

Mailing Address of Present Owner: _____

PERSONAL DATA OF LESSEE(S):

1. NAME: _____ HOME PHONE _____

CELL PHONE _____

SS#: _____ DOB: _____

1. DRIVER'S LICENSE NO. _____ VEHICLE # 1 _____
STATE _____ LICENSE PLATE NUMBER _____

2. NAME: _____ HOME PHONE _____
CELL PHONE _____
SS#: _____ DOB: _____

2. DRIVER'S LICENSE NO. _____ VEHICLE # 2 _____
STATE _____ LICENSE PLATE NUMBER _____

CHILDREN: (NAMES) _____ AGE: _____

CHILDREN: (NAMES) _____ AGE: _____

CHILDREN: (NAMES) _____ AGE: _____

HAVE YOU EVER BEEN EVICTED: YES _____ NO _____

HAVE YOU EVER BEEN IN LITIGATION WITH A LANDLORD OR CONDOMINIUM
ASSOCIATION: YES _____ NO _____? IF YES, TO THIS OR PREVIOUS QUESTION, PLEASE GIVE
DETAILS AS TO NAME; DATE; LOCATION AND ANY OTHER DETAILS THAT ARE PERTINENT:
USE SEPARATE SHEET OF PAPER IF NEEDED

PRESENT LANDLORD ADDRESS: _____ **PHONE:** _____

CURRENT ADDRESS: _____ **HOW LONG** _____
Email: _____

PREVIOUS LANDLORD: _____ **PHONE:** _____

NEAREST RELATIVE'S NAME: _____ **PHONE:** _____

1. EMPLOYER: _____ **HOW LONG** _____
Email: _____

PHONE: _____ **OCCUPATION:** _____

2. EMPLOYER: _____ **HOW LONG** _____

Email: _____

PHONE: _____ **OCCUPATION:** _____

**LIST OTHER PERSON(S) WHO WILL BE PRESENT IN UNIT FOR MORE THAN ONE (1) WEEK
DURING A ONE (1) YEAR PERIOD.**

LEASE DATA:

NAME OF REAL ESTATE AGENCY: _____

ADDRESS: _____

PHONE: _____

**IF A REAL ESTATE AGENCY IS NOT INVOLVED, LIST THE NAME ADDRESS AND PHONE
NUMBER OF PERSON HANDLING THE LEASE (OWNER, ATTORNEY, TITLE CO., ETC.).**

Applicant hereby authorizes Citadel Property Management Group and/or agents to obtain civil, criminal, and/or credit checks, as well as confirmations from present or past employers or landlords and references on application form. Association reserves the right to deny this application if falsified information and or is incorrect or omitted.

I/We _____ **hereby allow CITADEL PMG and or the property owner/manager to inquire into my/our credit file, criminal, and rental history to obtain information. I/We understand that on my/our credit file it may appear that CITADEL PMG has made an inquiry. I/We cannot claim any invasion of privacy against them now, or in the future.**

LESSEE SIGNATURE (S)

Lessee(s) affirms that she/he/they has/have read, understands and agrees to abide by all the

conditions and terms stated in the designated documents and that she/he/they agree(s) to abide by the Rules and Regulations duly enacted hereinafter by the Association.

NO LEASE SHALL BE FOR A PERIOD OF LESS THAN ONE (1) YEAR.

PROPOSED MOVE IN DATE: _____ **LEASE EXPIRES:** _____

I/We will be bound by the Declaration, Bylaws, Articles of Incorporation and the Rules and Regulations of the Homeowner Association.

The Association, once a lease is approved is authorized to act as our agent with full power and authority to take such action as may be required, if necessary, to ensure compliance, with provisions of the declaration, its supportive exhibits, and rules and regulations of the association. In the instance of violation of any of the above by the lessee(s) and/or their guests, the Association may terminate the leasehold. The tenant(s) agrees to reimburse the association for any attorney's fees and costs incurred in such violation enforcement or lease termination.

In order to facilitate consideration of my/our application for lease of the above-designated unit, I/we have completed the attached application. I/We am/are aware that any falsification or misrepresentation of the facts in the attached application will result in the automatic rejection of this lease application. Also attached is a payment for the Association's application fee and background check.

APPLICANTS(S) SIGNATURE(S):

DATE:

WITNESS:

NOTE: EACH APPLICANT MUST INDIVIDUALLY SIGN THIS FORM BEFORE APPROVAL CAN BE ISSUED. A COMPLETED APPLICATION MUST BE ACCCOMPANIED BY A PAYMENT IN THE AMOUNT OF THE APPROPRIATE APPLICATION FEES AND A COPY OF THE LEASE CONTRACT.

Please mail or deliver the application package to:

**Citadel Property Management Group
40347 US HWY 19 N
Ste 229
Tampa Springs FL 34689**

Should you have any questions, please contact Citadel at (727)-938-7730 or fax 938-7731 or email michellec@citadelpmg.com

Send Approval (email or fax) to: _____

or mail to: _____

OFFICE USE ONLY

Board of Directors approval:

Monthly Maintenance: _____ Paid Through: _____
Account is current Yes No Balance Due: _____